

FILED JAN 21 1942

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks 2 days
(Specify whether years, months or days) 63 years

3. (a) PRINT FULL NAME Ed Teaft Patterson

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive, Unknown years
7. Birth date of deceased July 25, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Springfield, Missouri 17
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER { 12. Name John A. Patterson
13. Birthplace Unknown Tennessee 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Heiskill
15. Birthplace Unknown Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John McCann
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-15-41 (b) W. E. Handley Jr
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 737 Benton
(If rural, give location) No
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th
year 1941 hour 10:05 minute A.M.

21. I hereby certify that I attended the deceased from 5/11 1937 to 12/13 1941
that I last saw him alive on 12/13/41
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease Duration 3yr.

Due to

Due to

Other conditions Prostatic Hypertrophy - 1941
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 131a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury 0
Signature Guy D. Callaway (M. D. or other) MD
Address Springfield Mo Date signed 12/15/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Wayne Hinkle

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.